

Electronic Acknowledgement Receipt


EFS ID:	1470553
Application Number:	09237291
International Application Number:	
Confirmation Number:	9391
<div>Adjustment date: 02/22/2008 CKHLOK 01/29/2007 INTEFSW 00001165-502319 09237291 01 FC:1462 400.00 CR</div> Title of Invention:	EXPANDED AND GENETICALLY MODIFIED POPULATIONS OF HUMAN HEMATOPOIETIC STEM CELLS
First Named Inventor/Applicant Name:	JUDY CAROL YOUNG
Customer Number:	1095
Filer:	Jeffery P. Bernhardt/Ann-Ellice Parker
Filer Authorized By:	Jeffery P. Bernhardt
Attorney Docket Number:	SYS-2068
Receipt Date:	26-JAN-2007
Filing Date:	25-JAN-1999
Time Stamp:	20:47:12
Application Type:	Utility

Payment information:

Submitted with Payment	yes
Payment was successfully received in RAM	\$910
RAM confirmation Number	1165
Deposit Account	502319
The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows: Charge any Additional Fees required under 37 C.F.R. Section 1.16 and 1.17	

File Listing:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>02/20/08</u>		2 Serial/Patent # <u>09/237,291</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT					
	Filing			\$					
	Amendment			\$					
	Extension of Time			\$					
	Notice of Appeal/Appeal			\$					
X	Petition	wfee	01/26/07	\$ 400.00					
	Issue			\$					
	Cert of Correction/Terminal Disc.			\$					
	Maintenance			\$					
	Assignment			\$					
	Other			\$					
			7 TOTAL AMOUNT OF REFUND		\$ 400.00				
8 TO BE REFUNDED BY:									
		Treasury Check							
		X	Credit Deposit A/C #:						
		9	5	0	--	2	3	1	9
10 REASON:									
	Overpayment								
	Duplicate Payment								
X	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>							
SIGNATURE: _____		PHONE: <u>2-3204</u>							
OFFICE: <u>Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u></u>		DATE: <u>2/20/08</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**